

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E Household Goods
Certificate for Wells Venture, LLC DBA College
HUNKS Hauling Junk & Moving

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2018 - 394 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Adam WellsTelephone: 864-376-5054Address: 15 ElJema Frst

Fax: _____

Piedmont, SC 29673

Other: _____

Email: wells.adam.p@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
FEB 14 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

282040
(Amended)
POSTED
2-15-19
Parties
SA

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 12/17/2018

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1. Wells Venture, LLC DBA College HUNKS Hauling Junk & Moving

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

15 ElJema Frst, Piedmont, SC 29673

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-376-5054

Phone

FAX

wells.adam.p@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Adam Wells, 15 ElJema Frst, Piedmont, SC 29673

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="54000"/>	Loans Owed on Motor Vehicles	<input type="text" value="52000"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text" value="148000"/>
Cash in Bank	<input type="text" value="97000"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="200000"/>
Total Assets	<input type="text" value="151000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Number of Movers Hourly Rate Hourly Rate - Peak

Two Men and a Truck	\$114.00
Three Men and a Truck	\$144.00
Four Men and a Truck	\$174.00
Each Additional Man	\$30.00 per man/per hour

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

[illegible]

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Wells Venture, LLC DBA College HUNKS Hauling Junk & Moving

Name of Applicant

15 ElJema Frst, Piedmont, SC 29673

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 13,250

Limits \$1,000,000

Cargo Insurance \$ 1100

Limits \$50,000

* Attach Certificate of Insurance if available.

Progressive Commercial / RLI

Name of Insurance Company

2850 Golf Rd, Rolling Meadows, IL 60008 / 16052 Swingley Ridge Road Suite 104, Chesterfield, MO 63017

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

ARTHUR J GALLAGHER
2850 GOLF ROAD
ROLLING MEADOWS, IL 60008

PROGRESSIVE
COMMERCIAL

WELLS VENTURE, LLC
DBA: CHHJM
15 EUJEMA FIRST
PIEDMONT, SC 29651

Underwritten by:
Progressive Northern Insurance Co
December 13, 2018
Policy Period: Dec 31, 2018 - Dec 31, 2019
Page 1 of 3

Customer Phone number: 1-864-376-5054

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$15,347.00
Paid in full discount	-2097.00
Policy premium if paid in full	\$13,250.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$15,347.00	\$3,108.60	9 payments of \$1,364.83
6 Pay, Seasonal, 20.0% Down	\$15,347.00	\$3,108.60	5 payments of \$2,452.68
10 Payments, 25.0% Down	\$15,347.00	\$3,873.50	9 payments of \$1,279.84
4 Pay, Seasonal, 25.0% Down	\$15,347.00	\$3,873.50	3 payments of \$3,829.50

Make payments by mail or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$15,347.00	\$3,108.60	9 payments of \$1,371.83
6 Pay, Seasonal, 20.0% Down	\$15,347.00	\$3,108.60	5 payments of \$2,459.68
10 Payments, 25.0% Down	\$15,347.00	\$3,873.50	9 payments of \$1,286.84
4 Pay, Seasonal, 25.0% Down	\$15,347.00	\$3,873.50	3 payments of \$3,836.50
4 Pay, Quarterly, 25.0% Down	\$15,347.00	\$3,873.50	3 payments of \$3,836.50
1 Payment	\$13,250.00	\$13,250.00	None
2 Payments, 50.0% Down	\$15,347.00	\$7,698.00	1 payment of \$7,661.00

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-630-595-5300**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,372
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Employer Non-Owned Auto Liability To Others			102
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			680
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			624
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		110
Comprehensive			1,432
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			4,978
See Auto Coverage Schedule	Limit of liability less deductible		

Auto coverage schedule

- | | | | | | | | |
|-------------------------|-----------------------|--------------------|----------------------|-------------------|--------|---------|------------|
| Liability Premium | Liability | UM | UIM | UM PD | UIM PD | Med Pay | |
| | \$3686 | \$252 | \$300 | \$88 | \$12 | \$55 | |
| Physical Damage Premium | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium | | | Auto Total |
| | \$1,000 | \$716 | \$1,000 | \$2489 | | | \$7,598 |

- | | | | | | | | |
|--------------------------------|-----------------------|--------------------|----------------------|-------------------|--------|---------|----------------|
| Liability Premium | Liability | UM | UIM | UM PD | UIM PD | Med Pay | |
| | \$3686 | \$252 | \$300 | \$88 | \$12 | \$55 | |
| Physical Damage Premium | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium | | | Auto Total |
| | \$1,000 | \$716 | \$1,000 | \$2489 | | | \$7,598 |

Form QTE (05/08)



RLI Marine

16052 Swingley Ridge Road Suite 104 | Chesterfield, MO 63017

Ashley Thomas
Arthur J Gallagher Risk Mgmt
1300 South Main
P.O. Box 3142
Tulsa, OK 74101
ashley_thomas@ajg.com

Date: December 13, 2018

Re: Wells Venture, LLC dba College Hunks Hauling Junk & Moving

Dear Ashley:

Thank you for submitting the captioned account for which RLI Marine is pleased to offer the following quotation. Coverages, terms, and conditions offered herein may be more restrictive than those requested in your application.

This quote is valid until December 13, 2018 and may not be bound without written confirmation received in our office prior to the effective date of coverage. Quote is contingent on the Broker/Agent being properly licensed within the risk state(s).

Issuing Company: RLI Insurance Company, A+ Admitted

Effective Date: 12/13/2018

Expiration Date: 12/13/2019

Coverage(s)	Commission	Premium
Motor Truck Cargo	15%	\$ 1,100.00
Premium, Taxes, Fees, and Surcharges	Without Terrorism	With Terrorism
Main Coverage	\$ 1,100.00	\$ 1,100.00
Terrorism (optional) (15% Commission)		\$ 28.00
Totals	\$ 1,100.00	\$ 1,128.00

Special Conditions:

Deposit Premium is minimum and fully earned.

See attached worksheet for details of limits and coverages

Requirements prior to binding:

VIN of two covered box trucks.



 RLI Marine

Payment Options:

The following payment options are available to you. Fees and Surcharges, if applicable, are due in full at inception, in addition to the first installment.

Annual (Pay In Full)

Coverage Forms:

Coverage is subject to RLI Marine and AAIS policy forms including, but not limited to, any form(s) that may be listed below.

Inland Marine

Virus or Bacteria Exclusion

Motor Truck Cargo Legal Liability Coverage

Scheduled Vehicle Limitation

We trust you will find this quotation in order; however, should you have any questions, please do not hesitate to contact us.

Best Regards,



Drew McKeown
Underwriter
Andrew.McKeown@rlicorp.com



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 28.00.
- ☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

Policyholder/Applicant's Signature

Wells Venture, LLC dba College Hunks Hauling Junk & Moving

Print Policyholder/Applicant's Name

Policy Number

RLI Insurance Company

Insurance Company

Date



RLI Marine

PREMIUM & DETAIL SUMMARY
MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE

Wells Venture, LLC dba College Hunks Hauling Junk & Moving

Description of Covered Property

Household Goods

Commodity exclusion to apply to:

livestock or poultry, liquor, tobacco products, furs or fur trimmed garments, eggs, beer, wine, autos, consumer electronics, pharmaceuticals

Coverage Limits**Limit**

Property in Vehicles (any one vehicle)	\$50,000
Catastrophe (any one occurrence)	\$50,000

Deductible: \$1,500**Coverage Extensions****Limit****Deductible****Premium**

Debris Removal Expense, 25% of loss +	\$10,000		
Defense Costs (no deductible applies)	Per Policy		
Freight Charges	\$2,500		
Newly Acquired Terminals	\$50,000		
Pollutant Cleanup and Removal	\$10,000		

Refrigeration Breakdown

Not Covered

Contingency Coverage

Not Covered

Terminals

Not Covered

Scheduled Vehicle Limitations:**Vehicle Description****Limit**

2018 Ford F650 VIN: required before binding	\$50,000
2018 Isuzu NPR box truck, VIN: to be provided prior to binding	\$50,000

Optional Extensions**Limit****Deductible****Premium**

Limited Fungus	\$15,000		
Off-Board Electronics	Not Covered		
On-Board Electronics	Not Covered		
Electronic Equipment Deductible			
Trailer Bailee Coverage	Not Covered		
Trailer Interchange Coverage	Not Covered		
Trailer Catastrophe Limit	Not Covered		
Trailer Deductible			

PREMIUM & DETAIL SUMMARY
MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE (cont'd)

Total Premium

\$1,100.00

Exhibit Fit, Willing, and Able (FWA)

Wells Venture, LLC DBA College HUNKS Hauling Junk & Moving

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

 ☒ No

 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

 ☐ Conditional

 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

 ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes

 ☒ No
If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes

 ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

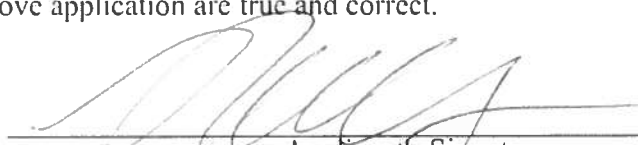
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President

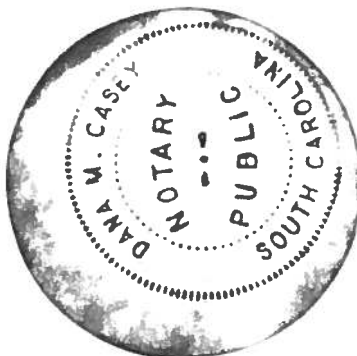
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Anderson)

SWORN TO BEFORE ME
This 17th day of Dec, 2018


Notary Public

Commission Expires 7/29/25



The State of South Carolina



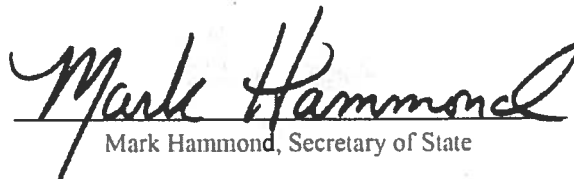
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Wells Venture, LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 8th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 17th day
of December, 2018.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Oct 09 2018
REFERENCE ID: 222649


SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

Filing ID: 181009-0930039

Filing Date: 10/08/2018

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Wells Venture, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
15 ELJEMA FRST

(Street Address)

PIEDMONT, South Carolina 29673

(City, State, Zip Code)

3. The initial agent for service of process is

Adam Wells

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

15 ELJEMA FRST

(Street Address)

PIEDMONT

South Carolina 29673

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one

(a) Adam Wells

(Name)

15 EL JEMA FOREST CT

(Street Address)

PIEDMONT, South Carolina 29673

(City, State, Zip Code)

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Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Wells Venture, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

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SECRETARY OF STATE OF SOUTH CAROLINA

Wells Venture, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Adam Wells

Signature of Organizer

Date: 10/08/2018

Signature of Organizer

Date:

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Wells Venture, LLC DBA College HUNKS Hauling Junk & Moving

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Adam Wells, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 13th day of February, 2019

Notary Public

Commission Expires 6/18/2023

Applicant's Signature

Print Application